

**FY21 Resilient Maryland Program – Attachment D**

**Reimbursement Request Form**

**MEA encourages FY21 Resilient Maryland Grantees to submit their Reimbursement Requests online via the** [**MEA Resilient Maryland Reimbursement Request Portal**](https://form.jotform.com/211404308895153)**[[1]](#footnote-1).**

However, if preferred, Grantees may submit their Monthly Progress Reports utilizing this form instead.

**Section 1: Reporting Period & Grantee Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Reporting Month** |  | **Year** |  |

|  |  |
| --- | --- |
| **MEA Grant Number\*** |  |

*\*The Grant number specified on the Grant Agreement (e.g. 2021-00-518S1)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Organization (Grantee) Name as Reported on IRS Form W9** | | | | **Federal Tax ID Number** | |
|  | | | |  | |
| **Grantee Address as Reported on IRS Form W9** | | | **City** | | |
|  | | |  | | |
| **State** | **Zip Code** | **County** | **Congressional District\***  **(If applicable)** | | **MD Legislative District\* (If applicable)** |
|  |  |  |  | |  |
| **Contact Name** | | | **Contact Title** | | |
|  | | |  | | |
| **Phone Number** | | | **Email Address** | | |
|  | | |  | | |

*\*Find your Congressional and MD Legislative Districts at* [*www.mdelect.net*](http://www.mdelect.net)

**Section 2: Reimbursement Amount & Signature**

|  |
| --- |
| **Reimbursement Request from MEA** |
| **$** |

By signing this invoice, I affirm that the costs for which I have requested reimbursement are directly attributable to the Project Description pursuant to Attachment B of the Grant Agreement and that all applicable terms, conditions, and requirements of the Grant Agreement have been met. I affirm that I have correctly itemized all costs on the second page of this Reimbursement Request.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Signature of Authorized Representative** | | | OFFICIAL USE ONLY | |
| **X** | | | ☐ | OK TO PAY |
| AMOUNT: |  |
| **Printed Name** | **Title** | **Date Signed** |  | |
|  |  |  | MEA PM APPROVAL  SIGNATURE | |

**Section 3:** **Itemized Cost Information**

*In the table below, list each itemized cost for which you are requesting reimbursement. Please attach all invoices/requests for payment from contractors related to each cost and, if applicable, supply the invoice number in the “Contractor Invoice No.” box. If additional lines are needed, you may add as many as necessary to the table below.*

|  |  |  |  |
| --- | --- | --- | --- |
| Line Item No. (e.g. “01”) | Description | Contractor Invoice No. | Amount |
|  |  |  | **$** |
|  |  |  | **$** |
|  |  |  | **$** |
|  |  |  | **$** |
|  |  |  | **$** |
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|  |  |  | **$** |
|  |  |  | **$** |
|  |  |  | **$** |
| **TOTAL** | | | **$** |

1. <https://form.jotform.com/211404308895153> [↑](#footnote-ref-1)